

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Circulating mRNA as Diagnostic Markers

Attorney Docket Number:: 016285-003710US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Yuk-Ming
Middle Name:: Dennis
Family Name:: Lo
Name Suffix::
City of Residence:: Kowloon
State or Province of Residence::
Country of Residence:: Hong Kong
Street of Mailing Address:: 7 King Tak Street, 4th Floor
Postal Address Line Two:: Homantin
City of Mailing Address:: Kowloon
State or Province of mailing address::
Country of mailing address:: Hong Kong
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Kai
Middle Name:: On
Family Name:: Ng
Name Suffix::
City of Residence:: New Territories
State or Province of Residence::
Country of Residence:: Hong Kong
Street of Mailing Address:: Unit A, 20/F., Block 3
Postal Address Line Two:: Ma On Shan Centre

Postal Address Line Three:: Shatin
City of Mailing Address:: New Territories
State or Province of mailing address::
Country of mailing address:: Hong Kong
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Hong Kong
Status:: Full Capacity
Given Name:: Bo
Middle Name:: Yin
Family Name:: Tsui
Name Suffix::
City of Residence:: Kowloon
State or Province of Residence::
Country of Residence:: Hong Kong
Street of Mailing Address:: Room 1501, Block 10
Postal Address Line Two:: L. Ngau Tau Kok Estate
City of Mailing Address:: Kowloon
State or Province of mailing address::
Country of mailing address:: Hong Kong
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Wai Kwun
Middle Name:: Rossa
Family Name:: Chiu
Name Suffix::
City of Residence:: New Territories

State or Province of Residence::
Country of Residence:: Hong Kong
Street of Mailing Address:: Flat 1A, Block 1
Postal Address Line Two:: Constellation Cove, 1 Hung Lam Drive
Postal Address Line Three:: Tai Po
City of Mailing Address:: New Territories
State or Province of mailing address::
Country of mailing address:: Hong Kong
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/440,906	01/17/03

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::

Postal or Zip Code of mailing address::